رزه. س	· · ·		ctive Octo			ION HECC			10/	66	9/15	5		
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			7] 1	RATE	FEE	7	RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	385.00	OR	BASIC FEE			
Ŧ	OTAL CHARGE	ABLE CLAIMS	\$6 minus 20=		* 3	6		X\$ 9=		1		64800		
IN	DEPENDENT C	LAIMS	7- minus 3 =		4			•		OR				
M	ULTIPLE DEPE	NDENT CLAIM P	RESENT					X43=		OR	X86=	314°		
* If the difference in column 1 is long than more and a facility in the								+145=	а	OR				
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL	1,7620			
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL	FNTITV	OR	OTHER SMALL				
ENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO	ST ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE]	RATE	ADDI- TIONAL FEE		
EQ.	Total	. 22	Minus	** 8		=		X\$ 9=		QR	X\$18=			
AMENDMENT	Independent	. 5	Minus	***	7	=	-	X43=			X86=			
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-			OR				
			·				A	+145= TOTAL DDIT. FEE		OR OR	+290=/ TOTAL ADDIT. FEE			
THE NOTICE TO		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Colum HIGHE NUMB PREVIOL PAID F	ST ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=			
AME	Ind pendent	*	Minus	***		=		X43=		OR	X86=			
i	FIRST PRESE	NTATION OF MU	LTIPLE DEF	PENDENT	CLAIM			+145=		OR	+290=			
							A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE			
_		(Column 1)		(Columi		(Column 3)	,							
		CLAIMS REMAINING AFTER AMENDMENT		HIGHE: NUMBE PREVIOU PAID FO	er Isly	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE .	ADDI- TIONAL FEE		
	Total	•	Minus	4.2		2		X\$ 9=		OR	X\$18=			
	Independent		Minus	***		=	-	X43=	· <u>········</u>					
	FIRST PRESEN	TATION OF MU	LTIPLE DEP	ENDENT (MIAL			ハージニ	·	OR	X86=			
H I	the entry in colum the "Highest Num	n 1 is less than the ber Previously Pak	entry in colur	nn 2, write "C SPACE is le)" in colu	omn 3.	L	+145= TOTAL		OR OR	+290= TOTAL			
-(1	ine 'Highest Num	ber Previously Paid er Previously Paid	for IN THIS	S SPACE is le	ess than	3. enter *3.*	70	DIT. FEE L I in the appi			DDIT. FEE L Imn 1.			

Application or Docket Number